

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056547

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** CLERMONT DENTAL EXCELLENCE, P.A.

**Current Principal Place of Business:**

773 W. MONTROSE ST.  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

1645 E. HWY 50  
SUITE 100  
CLERMONT, FL 34711 US

**Current Mailing Address:**

773 W. MONTROSE ST.  
CLERMONT, FL 34711 US

**New Mailing Address:**

1645 E. HWY 50  
SUITE 100  
CLERMONT, FL 34711 US

FEI Number: 20-4700420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERALTA, JOSE R DR.  
773 W. MONTROSE ST.  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

PERALTA, JOSE R DR.  
1645 E. HWY 50  
SUITE 100  
CLERMONT, FL 34711 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/05/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PERALTA, JOSE R DR.  
Address: 1645 E. HWY 50, SUITE 100  
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE PERALTA

P

04/05/2010

Electronic Signature of Signing Officer or Director

Date